



01/29/01

Please type a-plus sign (+) inside this box

PTO/SB/05 (12/97)

Approved for use through 9/30/000 OMB 0651-0032

Patent and Trademark Office U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

41 U.S.P.T.O.
01/29/01



Utility Patent Application Transmittal <small>(only for nonprovisional applications under 37 CFR 1.53(b))</small>	Attorney Docket No.	TPL 121	DATE	January 29, 2001
	Inventor(s) Sabit SAY			
	TITLE	EXTENDED REACH VDSL		

APPLICATION ELEMENTS See MPEP chapter 600 concerning utility patent application contents.		Assistant Commissioner for Patents ADDRESS TO: Box Patent Application Washington, DC 20231	
1. <input checked="" type="checkbox"/> Patent Application Fee Determination Record (Submit an original, and a duplicate for fee processing)		8. <input checked="" type="checkbox"/> Assignment & Recordation Cover Sheet [Total pages 3]	
2. <input checked="" type="checkbox"/> Specification [Total Pages 18] (preferred arrangement set forth below) <ul style="list-style-type: none"> - Descriptive title of the Invention - Cross References to Related Applications - Background of the Invention - Brief Summary of the Invention - Brief Description of the Drawings (if filed) - Detailed Description - Claim(s) - Abstract of the Disclosure 		9. <input type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 [Total Pages] [Total References]	
3. <input checked="" type="checkbox"/> Drawing(s) Figures 1-4 [Total Sheets 4]		12. <input type="checkbox"/> Preliminary Amendment [Total Pages]	
4. Oath or Declaration [Total Sheets 1] <input checked="" type="checkbox"/> Newly executed (original or copy)		13. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503)	
		14. <input checked="" type="checkbox"/> Small Entity Assertion	
		15. <input type="checkbox"/> Certified Copy of Priority Document(s)	
		16. <input type="checkbox"/> Other: _____	

18. CORRESPONDENCE ADDRESS

If the check is missing or made out for an insufficient amount, please charge our deposit account, No. 18-0002, and notify us accordingly.

NAME	Thomas M. Champagne (Reg. No. 36,478) - Rabin & Champagne, P.C.			
CUSTOMER NUMBER	23995			
COUNTRY	USA	TELEPHONE	(202) 659-1915	FAX (202) 659-1898

Burden Hour Statement This form is estimated to take 0 2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Box CPA, Washington, DC 20231



Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

PATENT APPLICATION FEE DETERMINATION RECORD

Application or Docket Number

TPL 121

CLAIMS AS FILED - PART I

(Column 1)

(Column 2)

SMALL ENTITY

OTHER THAN
OR
SMALL ENTITY

FOR	NUMBER FILED	NUMBER EXTRA	RATE	FEES	RATE	FEES
BASIC FEE (37 CFR 1.16(a))				\$ 55		
TOTAL CLAIMS (37 CFR 1.16(c))	51 minus 20 =	* 31	x \$ 9 =	279		
INDEPENDENT CLAIMS (37 CFR 1.16(b))	4 minus 3 =	* 1	x 40 =	40		
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d))			+ =			
					TOTAL	674
					OR	TOTAL

* If the difference in column 1 is less than zero, enter "0" in column 2

CLAIMS AS AMENDED - PART II

(Column 1)

(Column 2)

(Column 3)

SMALL ENTITY

OTHER THAN
OR
SMALL ENTITY

AMENDMENT A	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE	RATE	ADDI- TIONAL FEE
	Total (37 CFR 1.16(c))	*	Minus	**	=	x \$ ___ =		
Independent (37 CFR 1.16(b))	*	Minus	***	=	x ___ =			
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))								
						TOTAL		
						ADDITIONAL FEE		

(Column 1)

(Column 2)

(Column 3)

TOTAL
ADDITIONAL FEE

AMENDMENT B	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE	RATE	ADDI- TIONAL FEE
	Total (37 CFR 1.16(c))	*	Minus	**	=	x \$ ___ =		
Independent (37 CFR 1.16(b))	*	Minus	***	=	x ___ =			
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))								
						TOTAL		
						ADDITIONAL FEE		

(Column 1)

(Column 2)

(Column 3)

TOTAL
ADDITIONAL FEE

AMENDMENT C	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE	RATE	ADDI- TIONAL FEE
	Total (37 CFR 1.16(c))	*	Minus	**	=	x \$ ___ =		
Independent (37 CFR 1.16(b))	*	Minus	***	=	x ___ =			
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))								
						TOTAL		
						ADDITIONAL FEE		

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case.

Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.